

File with:

City or Town Clerk or Election Commission

Form CPF M 102: Campaign Finance Report

Please print or type all information, except signatures.

2012 MAY -71P 2:27

	Municipal Form Office of Campaign and Political Finance
Commonwealth	·
of Massachusetts	•

	rear Mont 012 Ending Apr		RECEIV TOWN CL	/ED. EB. (1)
Type of report: (Check one) ☐ 8th day preceding preliminary	on □30 day after election	ı 🗆 ye	ear-end report	□dissolution
Laura H. Dietz	Committee to Elec	t Lau	ra Dietz	
Full Name of Candidate (if applicable)	Com	nittee N	ame	
School Committee	Thomas M. Hammond	***	T	
Office Sought and District 9 Bush Hill Rd Ipswich, MA 01938	Name of Co			
Residential Address	Committee	Mailing	g Address	
Tel. No. (optional)			Tel. No.	(optional)
SUMMARY BALA	NCE INFORMATIO	N:		\mathcal{L}
Line 1: Ending balance from pre	evious report	\$	0.00	
Line 2: Total receipts this period	(page 2, line 11)	\$	1,665.00	_
Line 3: Subtotal (line 1 plus line 2)		<u>\$</u>	1,665.00	_
Line 4: Total expenditures this p	•	\$	1,493.56	_
Line 5: Ending balance (line 3 minus	s line 4)	\$	171.44	-
Line 6: Total in-kind contributions	s this period (page 4)	\$	485.00	
Line 7: Total (all) outstanding liab	oilities (page 4)	\$	0.00	
Line 8: Name of bank(s) used NMTW	Community Credit U	Inion		
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and campaign finance activity, including all contributions, loans, receipts, expendand represents the campaign finance activity of all persons acting under the M.G.L. Signed under the penalties Treasurer's signature (in ink)	ditures, disbursements, in-kind cone authority or on behalf of this cone of perjury:	ntribution ommittee	ns and liabilities for in accordance with Date	r this reporting perio
FOR CANDIDATE FILINGS ON	NLY: (CANDIDATE MUST SIG	GN BEL	OW)	
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the commi I certify that I have examined this report including attached schedules and campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any ex Candidate without Committee OR Candidate with independent activi I certify that I have examined this report including attached schedules and campaign finance activity, including contributions, loans, receipts, expendi and represents the campaign finance activity of all persons acting under the M.G.L. c. 53:	it is, to the best of my knowledge behalf of this committee in accor- penditures on my behalf during thi ity filing separate report it is, to the best of my knowledge itures, disbursements, in-kind conte authority or on behalf of this co	dance wi is reporting and beli- tributions	ith the requirement ng period. ef, a true and comp and liabilities for	s of M.G.L. c. 55. plete statement of a this reporting perior
Candidate signature (in ink)		7-6/	Date	

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Name and Residential Address		Amount		Occupation & Employer	
Received				(for contributions of \$200 or more	
3/25/12	Craig Brant 100 Central St. Ipswich, MA 01938	250	00	Senior Director, EBSCO	
4/10/12	Gerryanne Brown 9 Fille St. Ipswich, MA 01938	55	00		
3/25/12	Kathy Bruce 41 High St., Ipswich, MA 01938	100	00		
3/18/12	Laura Dietz 9 Bush Hill Rd., Ipswich, MA 01938	150	00		
3/21/12	Tom Hammond 45 Essex Rd., Ipswich, MA 01938	150	00		
3/21/12	Ellen Kallman 9 Ocean Dr., Ipswich, MA 01938	250	00	Director of Philanthropy Lowell General Hospital	
4/5/12	Allison Kemmerer 45 Essex Rd., Ipswich, MA 01938	100	00		
3/22/12	Kevin Murphy 7 Pitcairn Way, Ipswich, MA 01938	250	00	President Thompson Enginering Company	
			-		
		-			
				•	
Line 9: T	otal receipts in excess of \$50 (or listed above)	1,305	00		
Line 10: T	otal receipts \$50 and under* (not listed above)	360	00		
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,665		Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

(alphabetical listing) nnolly Printing ura Dietz ura Dietz rk Press Printing	178 Gill St. Woburn, MA 01801 9 Bush Hill Rd Ipswich, MA 01938 9 Bush Hill Rd Ipswich, MA 01938 15-17 Main St Saugus, MA 01906	Lawn Signs Reimbursement for Office Supplies Reimbursement for Postage Palm Cards	95 90 248	09 00 63
ura Dietz	Ipswich, MA 01938 9 Bush Hill Rd Ipswich, MA 01938 15-17 Main St	Office Supplies Reimbursement for Postage	90	00
•	Ipswich, MA 01938	Postage		
rk Press Printing	i	Palm Cards	248	63
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	· · · · · · · · · · · · · · · · · · ·		1,493	56
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	on page 1, line 4	Line 13: I	Line 13: Expenditures \$50 and under*	Line 13: Expenditures \$50 and under*

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
3/31/12	Cynthia August	20 Manning St. Ipswich, MA 01938	Photographs	125.00
3/31/12	Laura Gresh Graphic Designer Self Employed	72 County Way Ipswich, MA 01938	Graphic Design	200.00
4/15/12	Kevin Murphy	7 Pitcairn Way Ipswich, MA 01938	Printing	160.00
-		. v		
		Line 15:	In-kind over \$50	485.00
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	485.00

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	·			
		•.		
	,			
E	nter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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